

Candidate
Annual Report of Receipts and Disbursements
2009



Candidate's Name Joel Gadd
Full Address P.O. Box 161 Hickory Flat, MS 38633
Telephone 662-333-4233 Fax _____
Contact Name _____ Email _____
Office Sought State Rep Dist #13 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009)..... All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1000 + \$	\$	\$ 1000 ²
Total amount of disbursements	\$ 3877.30 + \$	\$	\$ 3877.30
Total amount of cash on hand		\$ 8441.62	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.
Signature of Candidate Joel Gadd Date 1-29-10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee _____
 Reporting period 1-1-09 through 12-31-09
ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan
☐ Other (please specify) _____

Full name Charles D. Cash of MS
 Mailing Address P.O. Box 550
 City, State, Zip Code Cleveland, TN 37364
 Name of Employer (Required) William Lane

Date (Mo., Day, Year)	Amount of each receipt this period
<u>1/21/09</u>	\$ <u>250.00</u>
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
Aggregate year-to-date	\$ <u>250</u>

Occupation (Required) _____
 B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan
☐ Other (please specify) _____

Full name DN SF
 Mailing Address _____
 City, State, Zip Code _____

Name of Employer (Required) Joe Christian
 Occupation (Required) _____

Date (Mo., Day, Year)	Amount of each receipt this period
<u>9/30/09</u>	\$ <u>250.00</u>
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
Aggregate year-to-date	\$ <u>250</u>

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan
☐ Other (please specify) _____

Full name ATH MS Pac
 Mailing Address 175 E Capitol St Suite 702
 City, State, Zip Code Jackson, MS 39201-2135
 Name of Employer (Required) Barry Russell
 Occupation (Required) _____

Date (Mo., Day, Year)	Amount of each receipt this period
<u>11/18/09</u>	\$ <u>500.00</u>
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
Aggregate year-to-date	\$ <u>500</u>

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan
☐ Other (please specify) _____

Full name _____
 Mailing Address _____
 City, State, Zip Code _____
 Name of Employer (Required) _____
 Occupation (Required) _____

Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
<u> </u> / <u> </u> / <u> </u>	\$
Aggregate year-to-date	\$

Name of Candidate or Committee _____ through _____
Reporting period _____

ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		____/____/____	\$
City, State, Zip Code		____/____/____	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$